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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/769,508
Filing Date	01/15/2004
First Named Inventor	DECKER
Art Unit	
Examiner Name	
Attorney Docket Number	62077-00007

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	DAYNA M. DECKER		
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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